MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT
CIRCULAR NO. 13 OF 2015

Ref CF/50/10/10/20/1V9 Date: 28 December 2015

From: Financial Secretary

To: Supervising Officers in Charge of Ministries/Departments

Insurance Cover for Delegates while on Mission Abroad

This Ministry has, on behalf of Government, contracted an insurance cover with SICOM General Insurance Ltd for delegates proceeding on mission abroad. The insurance cover is for period 01 January 2016 to 31 December 2016 (renewable annually) and provides coverage, inter alia, in respect of personal accident, medical expenses, repatriation costs, loss/damage to baggage and personal effects.

2. All claims’ settlement is subject to applicable excesses, applicable limits and terms and conditions of the Insurance Policy, which are at Annex I. You may wish to note, like the previous years, the Policy has remained the same and with the following additional conditions:

(a) the insurance covers any particular mission overseas for a maximum duration of 30 days. In the event that the duration of a mission exceeds thirty days, the line Ministry should seek the official agreement of SICOM General Insurance Ltd before the mission is undertaken. In this respect, Mrs. Violetta Lagaillarde-Naidoo, Head Casualty at SICOM General Insurance Ltd, may be contacted on 203-8431 or email violetta@sicom.intnet.mu;

(b) in case of serious illness or injury to any insured person on mission abroad, advice and assistance in connection with medical and repatriation arrangements may be obtained from the ‘Specialty Group’ who maintain a 24-hour emergency telephone service on +44(0) 20 7902 7405;
(c) the Insurers shall not be liable for any medical expenses incurred in relation to pre-existing conditions except if insured person suffers from sudden and acute symptoms or conditions necessitating immediate medical treatment;

(d) the insurers shall not be liable for any cost incurred with respect to treatment arranged prior to commencement of the journey;

(e) in the event of a claim, the Insurers shall have the right to seek medical information from any doctor/medical institution attending or who has attended the person of the insured person and

(f) as the Insurance Policy has been contracted by this Ministry, on behalf of the Government, any claim from an official for reimbursement should be forwarded to SICOM General Insurance Ltd through the Mission Cell of this Ministry as per format at Annex II. In this connection, Mr. D. Rughoo, Assistant Permanent Secretary at this Ministry, may be contacted on 201-2659 or on darughoo@govmu.org. Thereafter, SICOM General Insurance Ltd will liaise with the official concerned, inter alia, for the submission to it of relevant invoices in original.

3. The Insurance Policy does not cover officials:
   (i) posted in our Embassies/High Commission abroad: or
   (ii) proceeding abroad on Capacity Building Programmes (i.e. Training, Symposium, Workshop, Seminar, Study Tours, etc.).

4. It would be appreciated if all the departments falling under the aegis of your respective Ministry could be informed accordingly.

V. Lutchmeeparsad
for Financial Secretary

Copy to: Secretary to Cabinet and Head of the Civil Service
RENEWAL TERMS

INSURED : Government of Mauritius and associated and managed and subsidiary and affiliated companies as in existence or hereafter acquired/created for their respective rights and interests.

INTEREST : Full 24-hour coverage including all passenger flying in respect of Insured Persons as specified below whilst travelling on the Insured’s authorised business outside Mauritius

INSURED PERSONS : Group A: President, Prime Minister, Vice President, Deputy Prime Minister, Chief Justice, Speaker, Minister and Spouses, Secretary to Cabinet & Head of Civil Service

Group B: (i) Members of Parliament and their spouses

(ii) Senior Government Officers drawing monthly salary of not less than Rs 114,000/156,000 and their spouses

Group C: Other officers (employees and non-employees)

PERIOD OF INSURANCE : 01 January 2016 to 31 December 2016

SUMS INSURED : 

SECTION 1 – PERSONAL ACCIDENT
Capital Sum Insured for each Insured Person of:

Group A: Rs 3,000,000
Group B: Rs 2,000,000
Group C: Rs 1,200,000

SECTION 2 – CANCELLATION AND CURTAILMENT
Rs 15,000 each Insured Person

SECTION 3 – COUNTRY OF RESIDENCE JOURNEY DISRUPTION
Rs 15,000 each Insured Person

SECTION 4 – MEDICAL, REPATRIATION AND OTHER EXPENSES
Rs 12,000,000 each Insured Person

SECTION 5 – HOSPITAL DAILY BENEFIT
Rs 1,200 per day each Insured Person for a maximum of 30 days.
Excluding the first 24 hours of each and every claim

SECTION 6 – BAGGAGE AND PERSONAL EFFECTS
Rs 30,000 in all each Insured Person limited to a maximum of Rs 5,000 for any item

SECTION 7 – DELAYED BAGGAGE
Rs 7,500 in all each Insured Person
SECTION 8 – MONEY, TRAVELLERS' CHEQUES AND BUSINESS DOCUMENTS
Rs 15,000 each Insured Person

SECTION 9 – PERSONAL LIABILITY
Not Applicable

SECTION 10 – HI-JACK

(a) Rs 2,250 per day or part of a day during which the Insured Person is detained by the hi-jackers

(b) the additional cost of travel and accommodation necessarily incurred as a direct result of the Insured Person being hi-jacked

up to a maximum of Rs 112,530 each Insured Person

AGGREGATE LIMIT : Rs 30,000,000 in respect of all claims under this policy
PREMIUM : Rs 436,673 inclusive of all fees
MAXIMUM DURATION : 30 days per trip. Trips in excess of 30 days must be agreed by the Insurers prior to commencement of the journey.
EXCESS : As per existing policy
GEOGRAPHICAL LIMITS : Worldwide
LAW AND JURISDICTION : This insurance shall be governed by and construed in accordance with the law of Mauritius and each party agrees to submit to the exclusive jurisdiction of the Courts of Mauritius in the event of a dispute arising hereunder
OTHER TERMS AND CONDITIONS : As per expiring policy wordings with the following additional conditions:

The Insurers shall not be liable for any medical expenses incurred in relation to pre-existing conditions except if insured person suffers from sudden and acute symptoms or conditions necessitating immediate medical treatment.

The Insurers shall not be liable for any cost incurred with respect to treatment arranged prior to commencement of the journey.

In the event of a claim, the Insurers shall have the right to seek medical information from any doctor/medical institution attending or who has attended the person of the insured person.

Sanction Limitation and Exclusion Clause LMA 3100
Contracts (Rights of Third Parties) Act 1999 Exclusion Clause AVN 72
Euro Contract Continuity Clause LSW 1820
ANNEX II

TRAVEL INSURANCE POLICY WITH SICOM LTD.

TRAVEL CLAIM FORM
TRAVEL CLAIM FORM

SICOM GENERAL INSURANCE LTD
SIR CELICOURT ANTELME STREET- PORT LOUIS
BRN GIN is C10094766

Tel: (230) 203 8400 – Fax: (230) 213 1821

Please answer all questions fully. Ticks and dashes must be avoided. This claim form when completed must be returned to the Sicom General Insurance Ltd without delay. Please also supply all documentary evidence in support of the claim. THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

**INSURED:**

Name: ..............................................................................................................

Address: ..........................................................................................................

Tel No: ...........................................................................................................

Policy No: .................................................... Period of Insurance: ......................

Claimant: .......................................................................................................  

**CLAIM UNDER SECTION:**

(1) & (2) Personal Accident

(3) Medical Expenses

(4) Loss of Baggage and Personal Effect

(5) Others

**DOCUMENTS REQUIRED:**

⇒ Death Certificate, Medical report, bills, receipts as applicable.

⇒ Medical report, bills, receipts as applicable.

⇒ Evidence of Loss/Property Irregularity report, Police report.

⇒ ..............................................................................................................

**CLAIM DETAILS:**

(a) Date: .............................................. Place: ............................................... Time: ......................................................

(b) Circumstances: ..............................................................................................

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(c) Items Lost (If applicable): .................................................................

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(d) Total Amount Claimed: .................................................................

.................................................................

(e) Details of Police/Airline/Authority where loss report made: .................

.................................................................

FOR LOSS OF BAGGAGE OR PERSONAL EFFECTS CLAIMS – PLEASE ATTACH INVOICES/RECEIPTS

<table>
<thead>
<tr>
<th>Description of Property</th>
<th>Owner</th>
<th>Where bought</th>
<th>Date bought</th>
<th>Amount Claimed</th>
</tr>
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<tbody>
<tr>
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FOR MEDICAL EXPENSE CLAIMS – PLEASE ATTACH INVOICES/RECEIPTS

<table>
<thead>
<tr>
<th>Nature of Expense/illness</th>
<th>Name/address of Doctor or Hospital</th>
<th>Amount Invoiced</th>
<th>Has Invoice been paid?</th>
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</table>

Has the claimant received previous medical treatment in respect of the medical condition for which claim is being made. If yes, please give details: .................................................................

.................................................................

MISCELLANEOUS

Is there any other insurance policy covering the claim items: .................................................................

If Yes, Please give details: .................................................................

.................................................................

I/We hereby declare the foregoing particulars to be true and correct in every respect and that I/we have not concealed any information. I/We undertake to render the Sicom General Insurance Ltd all possible assistance in dealing with this matter.

I/We consent to authorize Sicom General Insurance Ltd to seek medical information from any doctor/medical institution attending or who has attended the claimant/s.

.................................
Claimant's Signature

.................................
Insured's Signature

Date:.................................

Date:.................................